

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		10				
12		10				
13		10				
14		10				
15		10				
16		10				
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25		10				
26		10				
27		10				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		20				
37		20				
38		20				
39		20				
40		20				
41		20				
42		20				
43		20				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.	2					
TOTAL DEP.	200					
TOTAL CLAIMS	202					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
53												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												